

**TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

Application Number	09/965,374
Filing Date	September 26, 2001
First Named Inventor	Jeffrey Harlow LOUCKS
Art Unit	2195
Examiner Name	Jennifer N. To
Attorney Docket Number	PALM-3612

Total Number of Pages in This Submission

**ENCLOSURES (Check all that apply)**

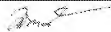
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| <input checked="" type="checkbox"/> Fee Transmittal ( pages)<br><input type="checkbox"/> Credit Card Payment Form ( pages)<br><input type="checkbox"/> Reply to Office Action ( pages)<br><input type="checkbox"/> After Final<br><input checked="" type="checkbox"/> Petition for Extension of Time – 1 month (1 page)<br><input type="checkbox"/> Information Disclosure Statement (2 pages)<br><input type="checkbox"/> Form PTO/SB/08A (1 page)<br><input type="checkbox"/> Copy(ies) of Document(s) Listed on Form PTO/SB/08A ( pages)<br><input type="checkbox"/> Response to Notice to File Missing Parts ( pages)<br><input type="checkbox"/> Fully-Executed Declaration ( pages)<br><input type="checkbox"/> Copy of Notice ( pages)<br><input type="checkbox"/> Assignment Cover Sheet ( pages)<br><input type="checkbox"/> Fully-Executed Assignment ( pages)<br><input type="checkbox"/> Revocation of Power of Attorney, Grant of New Power of Attorney, and Change of Correspondence Address (2 pages) | <input type="checkbox"/> Drawings – FIGS. 1- ( pages)<br><input type="checkbox"/> Petition ( pages)<br><input type="checkbox"/> Terminal Disclaimer ( pages)<br><input type="checkbox"/> Request for Refund ( pages)<br><input type="checkbox"/> After Allowance Communication ( pages)<br><input type="checkbox"/> Notice of Appeal ( pages)<br><input checked="" type="checkbox"/> Appeal Brief ( pages)<br><input type="checkbox"/> Status Inquiry ( pages)<br><input type="checkbox"/> Change of Attorney Docket Number (1 page)<br><input type="checkbox"/> Other Enclosure(s):<br><br>Remarks: |
|--|--|

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Law Office of Thomas M. Isaacson		
Signature			
Printed Name	Thomas M. Isaacson		
Date	January 27, 2006	Reg. No.	44,166

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this Transmittal Form and the above-identified correspondence are being facsimile transmitted to the USPTO's Central FAX Number (571-273-8300) of submitted via the EFS system on the date shown below:

Signature			
Typed or printed name	Thomas M. Isaacson	Date	January 27, 2006